



State of Florida Purchasing Card Program Replacement Receipt Form

Original Receipt was (check one): Lost Not obtainable Poor Condition
Other: _____

Vendor Name: _____

Vendor Address: _____

Vendor Phone: _____ Vendor FEID: _____

Date of Purchase: _____ Date Received: _____

Purchase Amount: \$ _____

Quantity	Description	Purpose	Unit Cost	Total

Please use additional sheet(s), if necessary.

I, _____, the undersigned, do certify that the above
(Type or print your name here)

purchase was made for official state business.

Signature: _____ Date: _____

Accountholder's Supervisor (print): _____

Supervisor's Signature: _____ Date: _____